

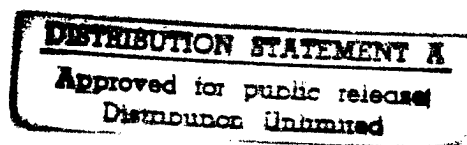
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2 March 1984

Worldwide Report

EPIDEMIOLOGY



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2 March 1984

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ANGOLA

ANTIPOLIO CAMPAIGN UNDER WAY

Satisfactory Progress Reported

Luanda JORNAL DE ANGOLA in Portuguese 23 Nov 83 p 2

[Text] Many hundreds of thousands of children from 0 to 5 years old took the first dose of vaccine against poliomyelitis in Luanda on Sunday as part of the "Sixth Antipolio Campaign" launched by Angolan Ministry of Health officials.

The second dose of the vaccine will be administered in the second half of January 1984.

In the meantime, many children were also vaccinated in the afternoon and will be for the next 8 days at the 300 vaccination sites opened for this purpose by the Ministry of Health to assure the operation's success.

In the early part of Sunday afternoon, the vaccination sites were still recording a large flow of children accompanied by their relatives. This encouraged the optimism of health officials, who affirmed that "the number vaccinated by the end of tomorrow may double."

The nationwide Angolan vaccination campaign against infantile paralysis was preceded by clarification and awareness sessions and special radio and television programs during the days prior to the opening of the sixth campaign.

Health Minister Ferreira Neto, in a meeting with journalists on this subject, after stating the goals which his ministry plans to achieve with this campaign, talked about "poliomyelitis, which in underdeveloped (and other) countries deprives people of the ability to move through paralysis of their lower limbs."

Results of First Dosage

Luanda JORNAL DE ANGOLA in Portuguese 24 Nov 83 p 2

[Text] To find out the results of the Sixth Vaccination Campaign against poliomyelitis (infantile paralysis), which is taking place throughout the country until 15 January, and in which the first dose of the vaccine, disguised as candy, was administered last weekend, we contacted the Public Health Service

in Luanda, where we were informed that as of mid-afternoon yesterday, the results of this first dose of vaccine were not known.

According to that source, despite the fact that results were still unknown as of yesterday, the campaign is expected to achieve satisfactory objectives, since excellent participation of children was recorded in Luanda Province.

It should be noted that this campaign was announced and prepared in advance by the Ministry of Health, with the help of all national news media, which made possible a broad participation of Angolan children in the vaccination campaign underway. We will announce further results as soon as we are informed of them.

Results in Uige

Luanda JORNAL DE ANGOLA in Portuguese 24 Nov 83 p 4

[Text] A total of 8,300 children took the first dose of candy-disguised vaccine against infantile paralysis at 18 existing sites on Sunday. Uige's provincial director of public health, Antonio Filipe da Silva, estimated that 80 percent of children from 0 to 5 years old will be vaccinated during the 6 days scheduled for the first dose in the Sixth National Campaign.

Hundreds of children in other municipalities will also be vaccinated, except in Kinbele, Cangola and Dembe, where the campaign will be slightly delayed as a result of the political-military situation.

In the city of Uige, the results of the first day of vaccination were not considered very satisfactory by Director Antonio Felipe, who explained that many mothers did not take their children to vaccination sites.

The director said that the efforts undertaken by the provincial OMA [Organization of Angolan Women] to make mothers in districts aware [of the need] to take their children to vaccination sites were considerable.

He added that several visits were made to sectors and districts of the city of Uige, where there were no vaccination sites, to study working methods for the success of the campaign.

The scarcity of fuel and transportation were cited as one of the main problems encountered.

Results in Caxito

Luanda JORNAL DE ANGOLA in Portuguese 25 Nov 83 p 4

[Excerpt] Last Sunday in Caxito, in Bengo Province, 2,503 children were vaccinated against poliomyelitis as part of the sixth campaign to combat infantile paralysis.

Forty-one vaccination sites, currently still operational, were set up for this purpose only in the municipal seat (Caxito), although not all children were vaccinated.

A source close to the vaccination campaign told ANGOP [ANGOLAN PRESS AGENCY] that most children who received the candy-disguised vaccine were between 1 and 5 years old, due in particular to certain illnesses affecting the youngest.

In fact, some babies did not receive the vaccine on that day because they suffered from infirmities such as diarrhea and fever.

The same source said in this connection that water currently being consumed in the city of Caxito has not been treated conventionally since the time that the distribution system broke down, adding to the number of childrens' ailments.

The campaign is underway throughout the province and Public Health is receiving assistance from the party's youth division, the JMPLA [Youth Movement of the Popular Movement for the Liberation of Angola], whose members have been assigned to vaccination sites.

11915

CSO: 5400/44

ANTIGUA AND BARBUDA

BRIEFS

DRUGS, MEDICINE SHORTAGE--People all over Antigua and Barbuda are crying out against what appears to be an acute shortage of drugs and medicines at the two Government Dispensaries, the one at the St. John's Health Centre and the other at Holberton Hospital. Whether the doctor's prescription be for a child or for an aged person or for any other patient, the reply from the Government Dispensary almost invariably states that it is presently out of supply. This shows a dismal lack of planning on the part of Government for there to be such an acute shortage of drugs and medicines in the nation. It appears that no effective use is being made of statistics and modern planning methods. Why should the provision of medicines and drugs for a mere 75,000 people prove to be such a persistent problem? If there were to be a situation of an epidemic where thousands of people suddenly become victims to a particular disease, then the shortage would be understandable to a certain extent. But even under such circumstances, proper planning would provide for epidemic situations. If this situation of perpetual shortage of drugs and medicines is to continue, this will constitute a direct invitation to rebellion and revolution. Legalised rip-off is like a Volvano. [Excerpts] [St Johns THE STANDARD in English 14 Jan 84 p 1]

CSO: 5400/7529

BANGLADESH REPORTEDLY HAS 150,000 LEPERS

Dhaka THE BANGLADESH OBSERVER in English 31 Jan 84 p 12

[Text] Against the backdrop of limited medical facilities lack of technical manpower and continued increase of leprosy patients, the World Leprosy Day was observed in the city on Monday.

A technical discussion meeting was held by the national leprosy control headquarters on the occasion with Dr. Imdadul Islam in the chair.

Leprosy a myco-bacterial disease is prevalent among 150,000 of the country's population of which only 40,000 cases have been detected so far. Of the detected cases, 20 percent are of the infectious kind. The highest rate of leprosy exists in Nilphamari Dhaka Mymensingh, Sylhet and Rajshahi.

The rate in Nilphamari is 13 out of every one thousand people while in Dhaka Mymensingh Sylhet and Rajshahi the rate varies between five to ten of every one thousand population.

Treatment facilities are inadequate in proportion to the number of cases. According to an official source, there are 130 beds for leprosy patients in Government specialised hospitals at Dhaka Nilphamari and Sylhet, the Non-Government Organisations (NGO) manage 205 beds in six specialised hospitals at Chandraghona Dinajpur Tangail and Sylhet.

Contrary to the superstition leprosy is completely curable, the official said provided medicines can be applied at regular intervals.

Highly potent medicines which can cure the disease within three years are usually supplied to the patients free of cost. These medicines are donated by international agencies.

Rate of drug defaulters are quite high in the country. On an average 13 per cent patients discontinues treatment thus running the risk of immunising the bacteria.

With the attack of the bacteria, parts of the human body are rendered non-stimulant. Cuts and abrasions in the infected parts turns to sores due to lack of sensation in those parts. But the disease can be cured more quickly if detected at earlier stages when most people ignore the official said.

CHOLERA EPIDEMIC REPORTED IN CHITTAGONG

Dhaka THE NEW NATION in English 12 Jan 84 p 2

[Text]

CHITTAGONG, Jan 10 : Cholera breaking out in an epidemic form claimed 47 lives and nearly one hundred persons have been suffering from the disease at three unions of Hathazari upazila during the last one month,

The latest claim was one at village Sonaikul of Doloi union. Other two affected unions are Farhadabad and Somanmardan.

Out of the total figure 20 died in Doloi, 24 in Farhadabad and three in Gumanmardan.

When the local health officials failed to arrest the spreading of the disease a three member expert team

consisting Dr Golzar Hussain, comma Dr. Shamiul Hoq and Micrologist Q.G. Siddique flew in here from Dhaka two days ago.

After investigations the team found impure and contaminated pond water was responsible for spreading of the disease. After investigation the local health officials advised local people not to use any water from any uncovered source and pond.

Earlier, an army medical team was also deployed to fight the diseases. Meanwhile, the newly elected chairman of Doloi and Farhadabad unions Messers Abul Kashem Choudhory and Mohamamd Musa and Presicent of Hathazari Upazila Awami League Moham-mad Idris in separate statement urged upon the govt. to declare the affected unions as disaster area and launch total effort to contain the deadly disease. They demanded immediate sinking of shallow tube-wells in the affected areas.

CSO: 5400/7078

WOMAN IS FOURTH DEATH IN BERMUDA FROM AIDS

Hamilton THE ROYAL GAZETTE in English 28 Dec 83 p 1

[Excerpt]

The mysterious disease AIDS claimed its fourth Bermudian victim over the weekend when a young woman died of the disease which ravages the body's natural immune defences. King Edward VII Memorial Hospital Medical Director Dr. John Rounthwaite confirmed that a 19 to 20-year-old woman died from AIDS on Christmas morning in the hospital where she had been admitted three weeks earlier.

"She had been admitted showing the syndrome complex of AIDS and died Christmas morning," said Dr. Rounthwaite. "She is the fourth victim as far as I am aware."

He added that a post mortem will be carried out on the woman to determine the exact cause of death.

"We are told her close associates were drug addicts,"

said Dr. Rounthwaite, fueling the belief that there is another AIDS — Acquired Immune Deficiency Syndrome — victim still on the streets.

Just last month a local Police officer said that a known junkie who claimed to have AIDS was a "walking time bomb". The heroin addict, who is about 40, has several drugs convictions

and Police believe he is a drugs dealer.

"All the evidence to date suggests it (AIDS) is passed on through sexual contact, or possibly drug users sharing contaminated needles," said Chief Medical Officer Dr. John Cann last month.

Dr. Rounthwaite said it appeared that Bermuda had a higher than normal rate of AIDS, but he warned against drawing any conclusions.

"I am told that it is higher here than the average, say in the US," said Dr. Rounthwaite.

"But you have to be careful when dealing with small populations like Bermuda, especially when comparing it to larger populations. The rate of occurrence may be subject to wide variation."

Of the four people who have died of AIDS in Bermuda, two were men and two were women. All four

had close contact with drugs.

The first two victims died last year. One was a young woman in her 20s who died of a rare type of pneumonia. Details of the second have not been determined.

The third victim died this July. He was a 28-year-old man who was plagued by a series of infections, including toxoplasmosis, a rare parasitic illness picked up from cats, which would normally be shrugged aside by a body's immune system.

CSO: 5400/7533

BRIEFS

SHISTOSOMIASIS SPREAD FEARED--PALAPYE, January 5: People are drinking water from contaminated pools that have been condemned by health personnel in Moremi village in Tswapong north, it is reported here. There is fear now that bilharzia and other diseases may soon spread as a result. There is fear now that bilharzia and other diseases may soon spread as a result. According to headman, Mr J. Lengonapelo of Mapulane village, the problem is well-known and has been there ever since the village started running short of water. Health personnel who recently toured the area, according to the headman, have confirmed that the water sources may easily spread Bilharzia among the community. About 10 of the villages' children are suspected to have contracted Bilharzia after swimming in the pools. Mr Lengonapelo also stated that the department of Water Affairs has in the past, unsuccessfully drilled two boreholes to try and find the community some water for use for domestic purposes. In recent meetings which Central District council officials held with the community, the headman said, the council failed to disclose the plans it was considering in order to solve the problem. On his village's development, he said his people were embarking on some projects which he said included the renovation of a roundavel to be used as a health post and store for food for destitutes. BOPA [Text] [Gabarone DAILY NEWS in English 9 Jan 84 p 1]

CSO: 5400/81

MASSIVE HEALTH CARE TRAINING PLAN LAUNCHED

Kuala Lumpur BUSINESS TIMES in English 18 Jan 84 p 21

[Article by Gudrun Dalibor]

[Text]

BURMA has launched a massive training programme to equip voluntary health workers. The aim is to more than double their number in just four years, leaving Burma with more volunteers than in most other developing countries.

Last April, the Mayangone Health Centre in Rangoon, for example, got its first batch of 90 voluntary health workers for a month's training. They now work in their villages, supervised by the centre's medical staff. Their training enables them to look after minor ailments, family health and health education.

Two key categories, community health workers (CHWs) and auxiliary midwives (AMWs), are selected for training. At present, there are nearly 16,000 trained community health workers and 3,400 auxiliary midwives. These will increase over four years by 16,400 and 5,600 respectively.

Training is provided with help from the United Nations Children's Fund, the World Health Organisation and the United States Agency for International Development; but without the primary health care structure it would be difficult to absorb so many voluntary workers effectively.

Access to basic health services is limited, particularly in the rural areas. Only about a third of all 65,000 villages received basic health services from the state in 1982. And only 17 per cent of the villages had any kind of midwife.

The Burmese government recognises that only by using locally recruited and community-based volunteers can health services be extended to areas which are badly served at present.

Both sorts of volunteers are selected by their villages and act as a link between them and the state health system. They know which health problems arise most commonly and they can undertake health education and motivation work more easily.

Fertility rate

One of the main reasons for expanding primary health care is to improve the health care of mothers and children, which has been made more difficult by the country's high fertility rate. But it has said intervention should not be used to alter the population growth rate. The present population numbers 38 million and its annual increase of 2.3 per cent is considered acceptable.

However, a fast-growing population imposes additional strains on already inadequate services. For example, only 16 per cent of the rural population has safe drinking water and less than 13 per cent have sanitary latrines. Primary schools are overcrowded and the drop-out rate is high.

There is some evidence that the need for family planning is being accepted cautiously. Family health counselling will be introduced in the next four years at some hospitals and mother-and-child health care centres and family planning will form a small part of it.

Mothers will be encouraged to space births for the sake of their own and their children's health. Contraceptives, which are otherwise not freely available, will be distributed and training for lady health visitors and midwives is envisaged. Abortion remains tightly restricted and is permitted only to save a mother's life. Sterilisation is illegal.

Complications of pregnancy and delivery are common causes of illness and death in Burma. The maternal death rate is now 1.2 per 1,000, and has been since 1978. The infant mortality rate is 80 per 1,000 and the aim is to reduce this to 70 per 1,000 with the help of voluntary health workers. About 60 per cent of all Burmese mothers suffer from anaemia. From 1983, all pregnant women have been given iron supplements. Voluntary health workers and traditional birth attendants (TBAs) will help to identify women who are at risk and to educate mothers in family health.

Among young children, the most serious problems are unsatisfactory growth, diarrhoea, iron and Vitamin A deficiencies and worms. To counter this, a nutrition strategy has been developed including the monthly weighing of children under three, mainly by midwives, but with the help of community health workers who will also take part in motivational work.

Medicine kit

A recent study by the Department of Medical Research showed there has been a change in the way health services are used since volunteers were introduced. In 40 per cent of cases of malaria, worm infestation, diarrhoea and pregnancy and delivery, villagers turned to voluntary workers for help.

Anyone aged between 18 and 60 can be selected for training as a community health worker if he or she can serve for at least four years and has primary school education. Only women between 18 and 35 are selected for training as auxiliary midwives.

When their training is over, the health workers get a medicine kit, supplied by Unicef, for treating diarrhoea, simple infections and minor injuries. Volunteers spend about one and a half hours each day on health activities, mostly at home, but they also visit people. They record all their activities in diaries and registers for the local basic health services staff under whose supervision they work.

After a year's service community health workers attend an upgrading course at their rural health centre. There are similar courses for auxiliary midwives who are also entitled to take full midwifery courses if their village gives its approval.

Voluntary workers are encouraged to join the state system and are allowed to sit for the examinations after they have worked for four years. The problem here is that the volunteer's village then has to bear the cost of training another volunteer.

While they are still volunteers, auxiliary midwives get remuneration in cash or in kind for each delivery. For community health workers the system varies from village to village, many of them getting no remuneration at all. — People News/Features.

CSO: 5400/4376

CHILE

HIGH INCIDENCE OF BLACK WIDOW SPIDER BITES REPORTED

Santiago TERCERA DE LA HORA in Spanish 5 Jan 84 p 3

[Article by Juan J. Faundes]

[Text] With the examination of four more persons bitten by "latrodectus mactans" spiders (also called "black widow spiders" or "red bellies") at Victoria Hospital and another four at Collipulli Hospital, the number of rural inhabitants in Malleco Province who have been victims of attacks by this spider already exceeds 200.

Yesterday, in the afternoon, LA TERCERA inquired by phone of all the principal hospitals in the province, which is in the northern part of the Ninth Region and has been the area hardest hit by drought, and discovered that 70 cases are registered at Angol Hospital, 74 at Victoria, more than 20 at Traiguen and 55 at Collipulli, while other hospitals in the area have not yet been checked. The majority of these cases are sent home and told to get rest and drink salty liquids.

It should be noted that no cases have yet been registered at Temuco Hospital, according to its director, Dr Pedro Vela Quinteros.

Dr Guzman, alternate director of Collipulli Hospital, told LA TERCERA that the number of those bitten in December was 50 percent higher than the year before. In conversation with LA TERCERA, Dr Rodolfo Ragozy, director of Victoria Hospital, likewise characterized the situation as "exceptional." From Tuesday to Wednesday, four new cases were also admitted to Collipulli Hospital. Seven cases affecting children and more than 20 affecting adults were registered at Traiguen Hospital. At present, 9 people remain hospitalized at Victoria, 4 at Collipulli and 1 at Traiguen.

At 4:30 p.m., Dr Maximiano Beltran, alternate regional secretary of the Ministry of Health, held a press conference, at which he said that "the appearance of this kind of insect at this time is normal," although he recognized that "maybe because of the drought the number of spiders is greater this year." Beltran described the spider, putting emphasis on the fact that its bite is not fatal, though it is poisonous and painful to the point that it must be treated with intramuscular analgesic injection ranging from [?dipirona] to morphine,

according to the circumstances, and that there are other complications such as sweating and shivering with fever.

The secretary said that sometimes another consequence of the bite of this spider is "priapism," a pathological conditions characterized by persistent and painful erection of the penis. By way of an anecdote, he said that "this is the origin of the popular expression 'bitten by the spider.'"

He confirmed the existence of cases at Angol and Victoria but said that he did not yet have information on the other hospitals, though "I will request a report in order to have a picture of the whole region."

He said he had no knowledge of a decision by the minister, as reported on the radio and television, to send an expert on spiders from Santiago.

He also said that, should the situation prove to be really abnormal, measures would have to be taken in coordination with the Agricultural and Stockraising Service to fight the spiders, "though it does not yet believe that this will be necessary."

However, he recommended the use of insecticides inside houses--"the interior of the home can be sprayed with lindane, using a spraygun"--and recommended also that, "especially in the countryside, people keep a sharp lookout when installing themselves, sitting down or walking."

12336

CSO: 5400/2035

DENMARK

DEATH TOLL FROM AIDS STANDS AT NINE IN 1983

Copenhagen BERLINGSKE TIDENDE in Danish 26 Jan 84 p 8

[Article by Henning Ziebe]

[Text] It has been determined that up to now there have been 19 cases of the illness AIDS [acquired immune deficiency syndrome] in Denmark and that nine of the patients have died. Seventeen were homosexual or bisexual.

The report comes from the State Serum Institute. It shows that 11 new cases were diagnosed in 1983 compared to four in 1982, but if the calculation is based on the year in which the illness was incurred, six cases originated in 1982 and eight in 1983. The figures can be the minimum since the 1983 figures can well be higher because there is often a long interval between the start of the illness and the diagnosis.

Hence it is too early to say if the incidence of the illness is strongly increasing. Up to now this year one case has been detected.

The report reveals that the two individuals who are not homosexual or bisexual were abroad extensively, among other places in Africa, and that 12 of the remaining 17 had had sexual contacts with foreigners, at least 8 with USA citizens.

In Denmark there have not been any injection-drug addicts among the patients, nor have the sick included patients who have received blood or blood products and thus could have been infected in that manner.

All 19 are men, 14 of them from Greater Copenhagen; and they are between 26 and 53 years old, with 37 being the average age at the time of the disease's incidence. Fifteen of the patients have had severe infections, and seven developed a particular cancer-like illness, Kaposi-sarcoma. Those who died had severe lung infection.

The nine dead had been on the average sick for 13 months, varying from 2 to 34 months.

6893

CSO: 5400/2512

INDIA

BRIEFS

MONKEY FEVER TOLL--BANGALORE, January 22 (PTI)--A team of specialist doctors has been rushed to Belthangady taluk in South Kanara, where the viral monkey fever has claimed over 30 lives in the last two months. Besides offering medical aid to the affected persons the team will also take up precautionary measures for combating the fever. This dreaded disease not known to occur anywhere else in the world has taken a total toll of 165 lives with Belthangady taluka alone accounting for 130 of them. Official sources said the Pune based National Institute of Virology (NIV) had developed a vaccine for the fever, it was yet to begin production. The sources said after conducting trials the vaccine would be tried in Karnataka, particularly South Kanara. A vaccine had been developed in the Soviet Union where Russian spring summer encephalitis, akin to the monkey fever virus was prevalent the sources said, adding it was not as effective as the NIV vaccine which was 60 per cent successful. [Text] [Bombay THE TIMES OF INDIA in English 22 Jan 84 p 15]

CSO: 5400/7081

VIENTIANE CAPITAL ANTI-TB, MALARIA EFFORT NOTED

Vientiane VIENTIANE MAI in Lao 30 Dec 83 pp 1, 4

/Article: "One-Year Achievement of the Vientiane Capital Disease Prevention and Malaria Suppression Health Service"

/Text/ On 28 December 1983 an official ceremony to cap off the 1983 achievements of injections for disease prevention and malaria suppression was held in the disease prevention and malaria suppression health station under the Vientiane Capital Public Health Service.

Honored attendees at the ceremony were Dr Si, assistant chief of the Public Health Service, along with the medical cadres concerned from nearby and doctors from different districts and canton hospitals around the district and Vientiane Capital.

After the organization committee made the opening speech and reported the goals of the ceremony to the attendees, Dr Khamton of the Vientiane Capital disease prevention and malaria suppression health station committee read the summary of the 1983 achievements concerning injections for disease prevention, and the 1984 plan which will be carried out more effectively.

According to the summary of the actual outcome, the doctors carried out their specialized tasks especially in Hatsaifong, Saithani, Sisattanak, Saisettha, Sikottabong, Nasaithong, and Chanthabouri Districts and in Setthathilat hospital in Vientiane Capital. These were: anti-TB injections were given to 18,839 people or 78 percent of the year's plan on the average; chicken pox injections to 3,201 people or 67 percent of the plan; diphtheria, tetanus, and whooping cough injections to 7,669 people for the first dose, 5, /other digits illegible/ for the second dose, and 1,330 people for the third dose or 19.95 percent on the average; the first dose for polio to 4,420 people, the second dose to 1,999 people, and the third dose to 994 people or 14.91 percent on the average; the first dose of tetanus to 3,715 people and the second dose to 2,858 people; for tetanus injections for women the first dose was given to 18,892 people and the second to 6,694 people or 27.74 percent on the average; for tetanus injections for pregnant women the first dose was given to 3,162 and the second dose was given to 2,193 or 55.77 percent of the plan.

Dr Khamton also reported further at the meeting that although injections for disease prevention for the population throughout Vientiane Capital in the past 1-year period have not met the expected figures, nevertheless it was on a greater scale than for the years previous.

In the ceremony gifts were also given to outstanding district and canton hospitals for 1983. The first class outstanding district hospitals were Sikottabong, Hatsaifong, and Nasaithong. The first class outstanding canton hospital was Sithantai; the second class was Ban Sai Canton hospital, and the third class was Sikai Canton hospital.

9884

CSO: 5400/4388

BRIEFS

MALARIA INCIDENCE ON ROUTE 9--By carrying out a public health policy that considers malaria prevention and treatment as an important problem, since mid-1983 the public health section of the Route 9 joint construction command along with the provincial sanitation and malaria prevention for Savannakhet sprayed DDT, gave out medicine, drew blood for malaria, and vaccinated for cholera prevention for cadres, government employees, and workers in different offices, organizations, and production units around the Command in Savannakhet Province. In mid-September they succeeded in their work. After carrying out the actual work the cadres, government employees, and workers in the Route 9 construction command, Irrigation Construction companies Nos 1 and 2, the Route 9 Bridge and Road Survey Company, the underground water drilling and construction company, Bridge and Road Construction Company No 2, and over 1,650 workers of the National Construction Company in Keng Kabao were all vaccinated against cholera. They sprayed DDT in nearly 100 houses, examined blood in order to look for malaria in over 770 people and found malaria in 12 people, and disbursed over 10,000 tablets of antimalaria medicine to each office and organization. They also guided each office and organization, and different production units by disseminating the "three clean" sanitation principles for cadres, government employees, workers, and the people who live nearby so they will understand and carry them out strictly in order to stop the epidemic in a timely fashion. /Text/
/Vientiane PASASON in Lao 31 Oct 83 p 1/ 9884

SAYABOURY MALARIA SUPPRESSION--Sayaboury is one of seven districts under Sayaboury Province, and it is where the province is located. On the north it adjoins the border of Hongsa District, the south adjoins Paklai District, the east adjoins the Mekong River of the opposite side of Luang Prabang Province, and the west adjoins the Phiang District border and Nan Province, Thailand. Thus, it has strategic, economic, political, social, and cultural significance. The Sayaboury District public health service also pays special attention to malaria suppression, e.g., they conducted blood tests for malaria among many thousands of people, distributed 19,850 tablets of antimalaria medicines, and sprayed 180 houses with DDT. /Excerpts/ /Vientiane PASASON in Lao 5 Oct 83 p 2/ 9884

CHAMPASSAK MALARIA WORK--Last mid-November medical cadres of the malaria service in Phonthong District, Champassak Province all elevated their own doctor's revolutionary spirit by actively taking part in their own duties. During this time they conducted examinations, succeed in spraying DDT to suppress malaria and other diseases, injected antimalaria medicine in over 4,250 people, and treated and cured a number of patients. /Text/ /Vientiane PASASON in Lao 10 Dec 83 p 1/ 9884

VIENTIANE MALARIA WORK--Malaria control and suppression: two districts consisting of 11 cantons and 4,128 houses were sprayed with DDT. This achieved 82.54 percent of the year's plan. Antimalaria injections were given to 42,983 in 7 districts or 83.76 percent of the plan, and 124,936 /tablets/ of the anti-malaria medicine chloroquine and a total of 3,000 kg of DDT was distributed. The number of specialized task cadres was 625 people. There are 18 general high-level and 5 high-level equivalent medical cadres, 2 high-level and 388 basic-level pharmacists, 104 cadres and government employees, and 108 mid-level medical cadres and pharmacists. /Excerpts/ /Vientiane VIENTIANE MAI in Lao 5 Jan 84 pp 1, 4/ 9884

CSO: 5400/4388

MAJOR EFFORT URGED TO COMBAT SCHISTOSOMIASIS

Blantyre DAILY TIMES in English 11 Jan 84 p 3

[Editorial: "Bilharzia: The Unseen Enemy of Malawi"]

[Text]

BILHARZIA is a dreadful disease. More than any other ailment, it is the unseen enemy of many parts of Africa, Malawi included.

Hard to control, difficult to detect, it saps the vitality of sufferers like white ants eating the heart of a tree.

Most of those who are affected by the bilharzia fluke — a tiny worm — appear outwardly healthy. They suffer no raging temperature, no severe pains that might make them aware that treatment is necessary.

All that happens is that they sink deeper and deeper into lassitude, their energy and their interest in life eroded.

The effects of bilharzia make a project now underway in Malawi of vital importance to the nation. As we reported earlier this week, the project — undertaken by the Government in conjunction with the German Agency for Technical Co-operation — aims at finding effective means of identifying and curing those who suffer from the disease.

Research in the first two-year phase, now drawing to a close, is con-

finied to the Nkhoma area of the Central Region and the Phalombe Plain in the south. It is the forerunner of what is hoped will be a national campaign against bilharzia.

Results show that a drug called Praziquantal can cure a significant number of sufferers of both intestinal and urinary bilharzia.

That is encouraging news, particularly when it is considered that in one study area, 66 per cent of the people were estimated to have bilharzia.

But the research showed a distressing aspect as well. Whether through ignorance of the terrible effects of the disease, or because a couldn't-care-less attitude is itself a result of bilharzia, there was a distinct lack of interest among sufferers in obtaining treatment in some areas.

It will clearly take a major effort on the part of political and traditional leaders, as well as health workers, to overcome this inertia.

But it is an effort that must be made. If bilharzia can be contained, it could be one of the biggest contributions ever to Malawi's future.

TYPHOID DEATH REPORTED IN SABAH

Kuala Belait THE BORNEO BULLETIN in English 31 Dec 83 p 1

[Text] Kota Kinabalu.--A man has died from typhoid in Sabah, the state's first death from the disease since 1980.

His death came in a major outbreak of typhoid which saw 25 cases recorded from the beginning of the month of December 24.

The worst-hit area was Tuaran which had 15 cases.

The dead man was 65 and came from Kampung Ongkilan Bandau in Kota Marudu.

He died on Monday after having been in hospital since December 18.

The Deputy Director of Medical Services, Dr Narajan Singh, said there had also been six typhoid cases reported in Kota Kinabalu, and one each in Tambunan, Semporna and Papar.

Four medical teams were investigating the Tuaran outbreak and setting up immunisation clinics.

The deputy director said people with fever which had lasted more than a week to 10 days should seek medical help.

He also advised people to eat only freshly-cooked food and to avoid raw vegetables.

Sabah had recorded 65 typhoid cases to December 24, though this number is expected to rise.

Last year there were 73 cases reported in the state.

CSO: 5400/4370

SARAWAK REPORTS RISE IN DENGUE CASES

Kuala Lumpur NEW STRAITS TIMES in English 5 Jan 84 p 3

[Text]

KUCHING, Wed. — Six people died of dengue haemorrhagic fever (DHF) in Sarawak last year — a marked increase from the one death reported in 1982.

A spokesman for the State Health and Medical Services department said today there were 516 suspected cases last year compared with only 119 in 1982.

Confirmed cases throughout the State last year totalled 156 compared with 40 in 1982.

More than 75 per cent of the victims were from

the First Division, the spokesman said.

The latest cases, reported on New Year's eve were a four-year-old boy and his 16-year-old sister from the coastal village of Sambir and a 16-year-old schoolboy from Kampung Gita Laut. All three were admitted to the Sarawak General Hospital here.

Another victim, a 58-year-old housewife from Nanga Wak Julau in the Sixth Division, was admitted to the Lau King Howe Hospital in Sibul.

No dengue cases have so far been reported this year. — Bernama.

CSO: 5400/4370

MALAYSIA

BRIEFS

SABAH TYPHOID CASES--KOTA KINABALU.--There were 11 more cases of typhoid in the state in the week to Wednesday, bringing the total to 63 with one death in the current outbreak which started in early December last year. Nine of the new cases were from Tuaran and two were in the Kota Kinabalu district. The Deputy Director of Medical Services, Dr Narajan Singh, said the typhoid situation was now under control. [Text] [Kuala Belait BORNEO BULLETIN in English 14 Jan 84 p 46]

CSO: 5400/4377

NEPAL

BRIEFS

MENINGITIS OUTBREAK--Katmandu, 20 Feb (AFP)--A meningitis scare has re-emerged in Katmandu following a report that more than 50 people have been admitted to hospitals with the disease in the past three weeks. So far there have been no reports about any deaths from the disease which last year claimed 350 lives. The government has ordered anti-meningitis vaccine from the United States and Japan, a spokesman at the infectious disease control hospital said. Untimely rain, adulterated food and poor hygienic conditions are believed to be the main factors in the spread of meningitis. [Text] [Hong Kong AFP in English 1046 GMT 20 Feb 84 BK]

CSO: 5400/4708

ANTI-TUBERCULOSIS PLAN SAID TO HAVE FAILED

Lahore THE PAKISTAN TIMES in English 13 Jan 84 pp 1, 10

[Article by Latif A. Rana]

[Text] The 20-year national Tuberculosis Control Programme (1965-85), which envisage the eliminations of White S c o u r g e from the country, has ended in a fiasco.

The programme, launched with the assistance of WHO and costing millions of rupees was haphazardly implemented in four phases of five year durations each. In spite of the fact that huge allocation of funds and resources was made for the execution of this ambitious programme, the achievements were insignificant and tuberculosis continues to be a major public health problem.

According to statistics, one out of 10 persons in our populatin suffers from tuberculssis. Over one lakh persons being treated at T B Clinics are cases of serious infection while 30 per cent of patients, reporting to the doctors had some sort of chest disease.

The disease has, in fact has assumed alarming proportions following the influx of millions of Afghan refugees in the country. Most Afghans are said to be suffering from T.B. and their unhindered contact with local population has done the utmost damage.

The white scourge has struck the country's population for the second time since its inception: firstly, soon after Partition when a big exodus of Muslim population to the new country took place. The Muslims coming from the most neglected areas of Jammu and Kashmir and other areas were forced to migrate under inhuman conditions, poor sanitation, malnutrition and environmental hazards. The tuberculosis spread like an epidemic in the 50, rendering colossal loss to our precious manpower resources.

Against the high incidence of T B infection and millions of acute cases there are few T B Sanatoria where patients wait for years to get themselves admitted.

The 20 year programme provided the establishment of T B control centres at Tehsil and District levels with an infrastructure of specialised health care at the Provincial and Central Government levels. The voluntary agencies engaged

in the fight against tuberculosis, aided by WHO and UNICEF worked in a wayward manner. No serious effort was made to set up T.B. sanatoria, hospitals of chest diseases and increase beds in hospitals for indoor patients. Millions of patients with acute cases of T B died while waiting for admission to the sanitorium.

The lack of specialised training and orientation of administrators and health planners at the Provinces and the Centre caused the programme to suffer from serious setbacks. Most of the centres and posts allocated for specialists remained either vacant or were manned by untrained personnel. The emphasis remained on the traditional and outdated diagnostic methods. The equipment and material used was also sub-standard and spurious. The scientific detection with microscopy and examination of sputum culture while the qualitative equipments were rare.

Again the T B Control Programme was taken up without collecting epidemiological data. The staff restricted its activities to simple chest X-ray BCG vaccination and distribution of tuberculosis drugs supplied by the UNICEF.

The Programme also suffered because of lack of preventive measures and health education of people through mass media the collection of accurate data proper training of para-medical staff and co-ordination between the Government and voluntary social agencies.

Many a drugs, suggested for the treatment of tuberculosis, have become resistant to body. The continuous application of these drugs result in the aggravations of the disease as the tubercle bacilli (the T B bacteria) consume all these drugs. Moreover the drugs being used in the Western countries were not effective due to difference of climate.

CSO: 5400/4707

FAILURE TO ERADICATE MALARIA ANALYZED

Manila PHILIPPINES DAILY EXPRESS in English 28 Jan 84 p 2

[Text] The Philippines is now on its fourth decade of trying to eradicate the malaria pestilence afflicting a good size of its population and chances are success will not be in its grasp even at the start of the 21st century.

Providing such a bleak overview of the malaria situation in the country is a scientific paper authored by the three top officials of the health ministry's Malaria Eradication Services (MES).

Jointly authored by MES Director Delfin G. Rivera, acting Deputy Director Cesar V. Valera and M.N. Santos, chief of the MES medical division, the paper states: "Malaria remains widely distributed in the Philippines in spite of three decades of eradication campaign."

Reason for the failure to effectively control the scourge spread by a certain mosquito species is the developing nation status of the Philippines. The paper cites the scant and diminishing funds allocated by the government to the anti-malaria campaign.

Evaluating the anti-malaria drive from 1953 to 1981 or three whole decades, the paper lists the following "constraints":

- Uncontrolled population migration between malarious and non-endemic areas.
- Decreasing susceptibility of the mosquitoes to the insecticides being used against them.
- Resistance of the malarial parasites to prescribed drugs in use in the country.
- Shortages in equipment, transport and personnel being suffered by the MES.
- Diminishing budget allocated to the anti-malaria campaign due to the government's lack of resources plus the economic problem of inflation.

--Peace and order conditions in some malaria infested areas of the country.

The paper of the three government physicians does not give the number of Filipinos presently afflicted with malaria nor does it detail the areas where the disease is most prevalent.

However, the paper tries to relieve its gloomy note by pointing out that "although the malaria situation looks hopeless, there were gains which the MES had tried to maintain" despite the constraints hobbling its operations.

It reports that malaria-freed areas have been integrated to the general health services of the ministry and that such integration was first carried out on the pilot project basis in Ilocos Norte, Ilocos Sur, La Union, Rizal, Marinduque and later extended to Antique, Iloilo, Aklan and Capiz.

CSO: 5400/4373

GOVERNMENT GETS AID FOR PROGRAM TO FIGHT BILHARZIA

Castries THE WEEKEND VOICE in English 7 Jan 84 p 7

[Text]

THE Ministry of Health recently received assistance from the Rockefeller Foundation in the continuation of its programme for monitoring and controlling schistosomiasis (Bilharzia) in St. Lucia

The programme to control and eventually eliminate schistosomiasis in St. Lucia began 15 years ago at the request of Government and with the help of the Rockefeller Foundation and the British Medical Research Council.

Under this programme, the Ministry of Health has installed laundry/shower units island-wide, launched a health education programme and is continuing to check school children in areas under surveillance.

The new assistance, in the form of \$69,221, is being used to replace the vehicle used for travelling to rural areas to test the waterways where the

snail breeds, as well as to buy the chemicals needed for such treatment. Biltricide tablets to be taken by persons afflicted with schistosomiasis will also be purchased with the funds and are available at health centres and doctor's offices.

Schistosomiasis is a disease transmitted by snails that enter undetected through the feet of persons walking, bathing or swimming in contaminated rivers or streams. The main symptoms that accompany the disease are blood in the urine and fever.

The Ministry of Health reports that because of the continuing efforts of monitoring and controlling the disease, cases of schistosomiasis have been significantly reduced in St. Lucia. The programme is now in the consolidation phase with the continued monitoring to prevent any resurgence of transmission of the disease.

TB CONSIDERED THREAT TO INDUSTRY AS JOBS OPEN UP

Johannesburg MININO WEEK in English 17 Jan 84 p 5

[Article by Mick Collins]

[Text]

FEARFUL predictions of a soaring tuberculosis rate have been made for Southern Africa in the coming year.

With the economy showing all the signs of a possible recovery this could have disastrous effects when employers go back to re-tap the labour market.

A spokesman for the South African National Tuberculosis Association (Santa), Julia van Heerden, says that the primary causes for the increase in the dreaded disease are attributed to overcrowding, drought and ironically, unemployment.

Blacks will be particularly hard hit as the latest available figures show a huge leap in that sector of the population.

"The toll taken by the

drought will become evident and it is feared that TB cases will soar to new heights.

"It is inevitable that we will see a countrywide escalation," she says. Provisional figures for 1983 show that more than 46 000 people contracted TB outside the homelands during the first nine months of last year.

When compared with the figures for 1982 — 61 980 new cases of which 40 578 were Black — the 1983 figures indicate an upsurge.

An employer source contacted by *Industrial Week* says many workers already in an employment situation are fearful of

contracting the disease from people coming back to industry.

"No matter how much reassurance we give, we still get a lot of superstition and anti-feeling from our work force.

"We are currently engaged in formulating a programme which we hope will remove any fears that our staff may harbour and take away the stigma attached to TB," he says.

Santa will have to provide more money and greater assistance to finance new and existing projects, says Julia van Heerden.

"We will have to engage in more field work such as vaccinations and testing for signs of the disease," she says.

BRIEFS

MALARIA CASES--Rain, which has relieved the drought in parched Northern Zululand, has brought a new menace--malaria. Within the last two months, almost 400 cases of malaria have been confirmed in the region. Dr Steve Knight, medical superintendent of the Bethesda Hospital, Ubombo, has attributed the increase to flooded pans and an influx of migrant workers from Mozambique. "If a migrant with the disease is bitten by a mosquito, the insect could become infected and, in turn, pass malaria onto its other victims," he said. Dr van Rensburg, Regional Director of State Health in Durban, said: "Mosquitoes know no boundaries, they are the carriers of the disease. But people are the reservoirs for the parasites." The confirmed cases come from the Ingwavuma and Ubombo areas in Northern Zululand close to the Swaziland and Mozambique borders. But authorities are having difficulty in controlling the mosquito breeding because rural villagers lock their huts and flee when health teams approach with insecticides. Visitors to Northern Zululand have been advised to take malaria pills before visiting the area. [Text] [Johannesburg SUNDAY TIMES in English 22 Jan 84 p 11]

MALARIA INCREASE--THERE has been an increase of malaria in the flood-stricken areas of Northern Ingwavuma and Ubombo in Northern KwaZulu, and fears are that this will be accompanied by outbreaks of cholera and typhoid. Thousands have already been left homeless and destitute in KwaZulu by the floods which followed in the wake of cyclone Domoina, and the threat of disease is serious as stagnant pools of water left behind by the receding flood waters are good breeding grounds for disease-carrying organisms. Dr D Hackland, Secretary for Health for KwaZulu confirmed yesterday that there had been an upsurge in the number of cases of malaria reported since the floods, and that further outbreaks are expected. Cases of cholera have been reported in the Nqutu area of KwaZulu in the aftermath of the floods, but Dr Hackland said that it could not be confirmed that this increase was due to the floods. About 20 cases have so far been reported from the Nqutu district and those suffering from the disease are being treated at the hospital in the district. "It is difficult to say whether the outbreak of cholera in the area has been aggravated by the floods. The Nqutu district has no 'immunity' to the disease, as there was little incidence of it in that area before. For this reason, there is a greater potential for an outbreak of the disease. In cholera areas there is a 'herd immunity' where the population has built up some sort of immunity to cholera, so the outbreak of the disease in this area has been anticipated for some time already." [Text] [Johannesburg THE CITIZEN in English 10 Feb 84 p 9]

BATTLE TO END MALARIA--Durban--Health officials and Defence Force medical teams in KwaZulu are faced with the mammoth task of controlling the malaria scare which is now plaguing the flood stricken areas. Hordes of the killer Anopheles mosquitoes have hatched and carry the disease, which can only be cured by chloroquine treatment in the form of tablets for adults and syrup for children. The medicine has to be distributed to the approximately 500 000 people who have been affected by the floods. Medical teams are combing the flood affected areas, spraying stagnant pools where the mosquitoes breed. "There are so many stagnant pools over a huge area that it will take months to complete--if at all. I only hope Pretoria can deliver the medical supplies needed for this operation," said Mr Tony Johns, department secretary of the Chief Minister of KwaZulu. There are also fears of other diseases--typhoid and cholera--breaking out and medicine for those diseases are also en route to KwaZulu. Meanwhile hundreds of tents are being delivered to the area and staple food supplies are also being transported. Last night a 60 ton pontoon arrived at Natal Command from Bethlemen. It will be placed on the Umfolozi River near the old bridge today. [Text] [Johannesburg RAND DAILY MAIL in English 10 Feb 84 p 3]

CSO: 5400/86

RESEARCHER REVEALS SPREADING OF NEFROPATHIA BY FIELD MICE IN NORTH

Stockholm SVENSKA DAGBLADET in Swedish 12 Jan 84 p 8

[Article by Inger Atterstam: "Scientists are Discovering a New Virus: Field Mice are Spreading a Disease"]

[Text] Swedish scientists at the National Bacteriology Laboratory [SBL] have succeeded in identifying a so far unknown virus. The virus is the cause of a mysterious infectious disease that is spread by field mice.

The disease is called nefropathis epidemica and it causes severe flu symptoms including high fever and severe stomach pain as a result of the kidneys being affected.

The disease which was discovered already in the 1930's by the Swedish physician Gustav Myhrman, is spread only in the northern parts of Sweden. The border is drawn along a line from southern Varmland to Gavle. All the cases of the disease occur north of this line.

The Swedish scientists of SBL have now in collaboration with an American laboratory succeeded in isolating the specific virus that causes the infectious disease and which is spread from field mice to man.

Virus Suspected

"There has for a long time been a suspicion that a virus would be the cause of the disease," says laboratory physician Bo Niklasson of SBL. "But it was not until this fall that we succeeded in finding and isolating this virus that has been given the name nefropathia epidemica.

The discovery took place after the scientists had, during the summer, gathered dead field mice and grown field mice tissue in cell cultures in order to trace a possible virus. The work brought results in the summer and the scientists discovered this entirely new virus.

"We believe that some field mice are carriers of this virus throughout their entire lives without being ill themselves," says Bo Niklasson. "They spread it, however, to other field mice and to people. This must be considered an excellent prerequisite for a virus. It lives in a host animal that is not affected by the virus and thus does not in any way affect its development."

Spreading

The spreading to humans takes place mainly through urine and feces from field mice that people come in contact with, for example, in forests and in fields, in barns and other places where the field mice stay during the winter, like summer cottages.

A person who is affected becomes very ill with severe flu symptoms, a high fever and stomach pains. These symptoms are caused by the kidneys being affected and they completely cease to function in some cases for some period of time.

After about a week the disease declines without any permanent harm for the patient. The dramatic course of the disease forces many people to get into hospitals for care.

"One problem is then that physicians are seldom familiar with this disease in large cities and further south, because it is so rare," says Bo Niklasson. "The result is that patients receive intensive care and are even unnecessarily operated on for appendicitis."

Northern Sweden

Only field mice in northern Sweden are carriers of the disease. The disease often occurs in peaks with as many as 30 to 40 individuals in hospital care, about every 4 years related to the increase in the field mice population.

"We have never been able to observe any case that would have become infected south of this border line," says Bo Niklasson.

Because of the discovery of the virus the scientists are now able to study the distribution of the disease from a total perspective and they are also able to start producing a vaccine for protection against the disease.

"We suspect that the number of people who have had this disease, although in a milder form, is much larger, than what is known," says Bo Niklasson. "We are therefore planning to find out, by means of blood tests, the number of people who have developed antibodies against the virus and who thus have had the disease."

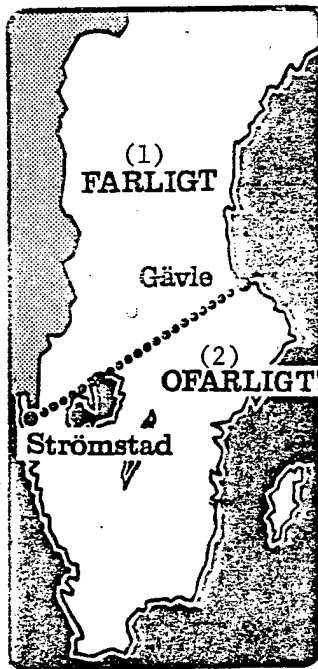
Vaccine

In regard to the production of the vaccine the scientists are still reluctant about the need for a vaccine against the after all harmless disease that exists in Sweden.

A far more dangerous variant of the same disease with high mortality exists in the Soviet Union, in China and in Korea. It is also spread by a kind of rodent that is called fire mouse and which creates a serious health problem especially in China.

"Scientists in Korea succeeded in isolating the virus that causes the more severe variant of the disease already in 1981," says Bo Niklasson.

Studies made by SBL are now indicating that a peak in the frequency of the disease can be expected in Varmland this spring and summer.



KEY:

- 1) Dangerous
- 2) Not dangerous

The virus disease that is spread by field mice occurs only in northern Sweden. The border line of the spreading of the disease extends from Stromstad to Gavle.

9662

CSO: 5400/2511

BRIEFS

SEVENTY DYSENTERY DEATHS--SUMBAWANGA--Two health officers from the Ministry of Health are in Rakwa Region following the outbreak of dysentery in Sumbawanga Rural District which has now killed more than 70 people, Shihata reported. The two officials, Senior Health Officer Shaaban Marika and an expert from the World Health Organisation (WHO), intend to find out the exact number of the victims, and look for the possibility of sending more drugs from Dar es Salaam. According to the District Medical Officer, Dr. Levi Msukwa, a team of health personnel is still assessing the infected villages. [Text] [Dar es Salaam DAILY NEWS in English 10 Feb 84 p 3]

DYSENTERY, SCHISTOMIASIS DEATHS--Forty-seven people died of bacillary dysentery and bilhazia (*Schistosoma mansoni*) at Mtowisa Ward in Sumbawanga District, Between September and December last year. The district's Medical Officer, Dr. Gideon Kasililika, said on Friday that the number of the victims was known when health experts and a team of doctors, despatched there to conduct investigations into deaths of six people, had completed their findings. Dr. Kasililika said the diseases had originated from Zimba Village and spread to Mtowisa and Uzia. He said the team stayed at the ward for two weeks and treated 240 people. According to the investigations many villagers contracted the diseases after drinking unboiled water from the shallow wells, and had no proper toilet facilities. [Text] [Dar es Salaam SUNDAY NEWS in English 22 Jan 84 p 1]

MALARIA SITUATION 'WORSENING'--Chloroquine is still the most effective drug to treat Malaria, although some parasites resist the medicine. Dr. Charles Kihamia of Parasitology Entomology Department of the Muhimbili Medical Centre (MMC), reiterated this yesterday at the ongoing fourth nurse teachers workshop being held at the Centre of Educational Development (CEDHA). Delivering a paper on the "present chemotherapy of malaria in Tanzania", he said in the absence of effective control measures the drug had a major role to play in the control of Malaria in Tanzania. Dr. Kihamia said malaria was highly endemic in Tanzania and that recent evidence showed that malaria transmission has also occurred in areas where it never occurred before, such as at Amani in the eastern Usambaras, Tanga Region. This worsening situation makes the malaria menace in Tanzania even greater, he said, adding that under those circumstances vector control measures would strongly be advocated to control spread of malaria. However, he said, control of malaria through vector control measures had proved exceedingly difficult due to technical and administrative problems, lack of adequately trained staff in addition to high costs of insecticides in the face of dwindling foreign exchange reserves. "Thus we have a situation whereby the mosquitoes are having a free reign," he added. [Text] [Dar es Salaam DAILY NEWS in English 25 Jan 84 p 3]

GOVERNMENT DEMONSTRATES CONCERN OVER TYPHOID OUTBREAK

Minister on Countermeasures

Port-of-Spain TRINIDAD GUARDIAN in English 30 Jan 84 p 6

[Excerpts] THIRTEEN confirmed cases of typhoid fever have been reported by the Minister of Health and Environment, Senator Neville Connell.

In a recent address at the Senate Dr. Connell disclosed that the victims ranged in ages from fifty-four to two years of age and included seven school children. All these cases were reported in the Paramin Hill district.

Dr. Connell stated:

An outbreak of Typhoid Fever has been occurring in the Paramin Hill area in which thirteen (13) confirmed cases have been identified during the period 19th December 1983 and 24th January 1984. The ages of these cases range from fifty-four (54) years and include seven (7) school children.

This outbreak has given rise to much apprehension among members of the general public as well as by particular groups such as staff, pupils and parents. A number of issues have been raised, some of which are directly related to those schools which are attended by students who live in the Paramin area.

The following facts and advice are being given to members of the Public in order to provide factual information of the existing situation, allay the many fears which have been expressed and to encourage continuing co-operation upon which depends the speed with which the situation can be completely borne under effective control.

1) Field and laboratory investigations are being carried out on a daily basis, including weekends, by several teams of the Ministry of Health and Environment who are joined by a team from the Caribbean Epidemiology Centre. In fact, it was through the epidemiological investigation of contacts of a single initially hospitalised case that the other twelve (12) cases were discovered.

Excreted Organisms

1) The general pattern of disease spread is not typical of that associated with a waterborne outbreak but rather suggests person to person spread through

the consumption of food, drink etc. shared by the ill persons from a common source or sources which was contaminated with the Typhoid bacteria.

3) Typhoid fever is a disease of humans and is neither shared nor transmitted by animals or other vectors (like for example by the mosquito in the case of yellow fever or dengue). It is very likely in the case of the present outbreak, that the original source of infection has been a "Carrier" i.e. someone who had a past infection and has now no physical manifestation of illness but is still excreting the typhoid organism via stool or urine.

In such cases the excreted organisms can contaminate food or water, which if consumed by other persons can in turn give rise to new cases of Typhoid.

Special additional efforts are therefore being undertaken to detect any such carrier or carriers in the community who may unknowingly be excreting the disease organism, in order that appropriate preventive action may be instituted.

The full co-operation of members of the general public as well as of medical practitioners is essential to this exercise and relevant information, advice and requests are being currently disseminated.

4) With special reference to schools, the Ministry of Health & Environment has established liaison with the Ministry of Education, and special measures have already begun to effect the control and prevention of spread. Appropriate action is being undertaken with respect of any existing or potential risk as these may obtain. In this regard two points should be stressed.

(a) there is no justification for the closure of any school on the basis of having to roll, students who live in Paramin.

(b) no student should be excluded from attending classes except on the official advice of the Ministry of Health & Environment. Such advice will be based on the assessment of risk factors involved and is already being implemented. The Public can be assured that consideration of such risk factors include not only those which are minimal on a scientific basis, but are even extended to include circumstances where any doubt may arise. This will ensure that maximum precautions are adopted in the implementation of preventive measures.

Basic Practices

5) Typhoid Vaccine is NOT being given as it has been shown to be of no value in preventing or containing epidemics. Its use has no application in this outbreak and its administration may in fact only serve to "conceal" cases and extend the period of identification and effective treatment of some infected persons. No member of the investigating teams has been immunized against typhoid.

7) With particular reference to the Paramin area where spring water is frequently used for household purposes, it should be noted that while the typhoid bacteria has not so far been isolated from water samples examined, other bacteria which can cause gastroenteritis have been found.

Total Cases at 14

Port-of-Spain EXPRESS in English 2 Feb 84 p 48

[Text] FOURTEEN typhoid cases have been discovered in the Paramin area, Dr Roderick Dougdeen, principal medical officer, disclosed yesterday as Health Minister Dr Neville Connell toured the hilly area.

A Ministry of Information Press release said the Minister took a first-hand look at measures being used to prevent further spread of the disease.

Dr Connell said there was a great possibility of the well used in Paramin being contaminated because the limestone rock in the area does not permit proper filtration. WASA is intensifying its efforts to bring pipe-borne water to the area and a continuous chlorination system was recently installed at the Paramin R. C. School to ensure a safe water supply.

CSO: 5400/7535

HEALTH MINISTER NOTES PROGRESS AGAINST GASTROENTERITIS

Port-of-Spain TRINIDAD GUARDIAN in English 27 Jan 84 p 16

[Text] DEATHS caused by gastro enteritis are on the decrease, Senator Dr. Neville Connel, Minister of Health and Environment, told the Senate on Tuesday evening.

According to the Minister, the gastro enteritis wards at the public hospitals are almost empty. The decrease is due mainly to the Ministry's oral dehydration programme.

Dr. Connel also claimed that this country's health services compared favourably when matched with statistics for other under-developed countries.

"Trinidad and Tobago is too often compared with the developed, not the developing countries," he said.

Leader of the Opposition in the Senate, Dr. Brinsley Samaroo, asked whether the Minister would agree that under-developed countries he quoted in Central and West Africa had the same economic resources as this country, and how much of the health of our citizens depended on services obtained abroad.

Dr. Connell corrected the impression created by the term "primary health care," explaining that this was a policy and economic strategy phrased by the World Health Organisation (WHO) for its goal "Health For All by 2000."

"Primary health care is intersectoral," said Dr. Connell, involving every department and sector of the community.

11,000 Employees

"Today citizens seem not to realise the importance of environmental health," said Dr. Connell.

He pointed out that from 1979 to 1983 the Health Ministry's budget had increased by 100 per cent and the 1984 Budget provided for \$585 million expenditure on health.

According to the Minister, the Ministry employed 11,200 people and purchased several pieces of equipment in recent times.

He said ultra-sound machines had been installed at Port-of-Spain and San Fernando General Hospitals and the Mt. Hope Maternity Hospital: Haemophiliasis machines at a cost of \$2 million each were put at Port-of-Spain and San Fernando General Hospitals, dialysis machines had also been installed and two operating theatres at a cost of \$1.5 million each were under construction.

According to Dr. Connell, because of the overwork of the Ministry's staff, computerisation was being considered along with micro-filming of records and introduction of word-processors.

Dr. Connell also criticised the influx of illegal immigrants, creating a strain on the health services.

"We should charge these non-nationals for health service," he said.

Dr. Connell said he had advised the Cabinet that charges should be placed on medical drugs entering the country as there were far too many of these and Third World countries had become the dumping ground for drugs according to investigations conducted by the World Health Organisation (WHO).

CSO: 5400/7534

BRIEFS

MOSQUITO PROBLEM--CITY COUNCILLOR and adviser consultant to the National Land Tenants and Ratepayers Association (NLTRA), Mr. J. D. Ramjohn, has written the city's Medical Officer of Health, complaining that Port-of-Spain and its suburbs have become a vertiable breeding ground for mosquitoes. In his letter to dr. Carol Schobie-Boyd, the MOH, Mr. Ramjohn called for urgent attention to the following areas--Cocorite and Water Hole; the ridge of Bournes Road hills and the entire St. James area; the city's Transport and Cleansing compound; the abandoned King George V Park; the Queen's Park Savannah and the attendant racing stables; the entire Belmont Valley Road, St. Barb's hills, Gonzales, and the East Dry River area. Councillor Ramjohn also told the city MOH he was sure that the entire city must be subjected to both manual and mobile spraying, while he has suggested helicopter spraying for the hilly areas. In addition, he also feels that the spraying may help chase the dreaded Africanised bees that were being discovered in so many areas around town. Mr. Ramjohn said he felt the spraying of Port-of-Spain and its suburbs was necessary at this time, with the expected influx of Carnival visitors as well as downtown food and drink venders who usually crowd the area at Carnival. [Text] [Port-of-Spain TRINIDAD GUARDIAN in English 4 Feb 84 p 3]

CSO: 5400/7535

VIETNAM

BRIEFS

HEMORRHAGIC FEVER IN COUNTRY--During the past 4 months the 354th Military Hospital treated more than 340 hemorrhagic fever victims all of whom were cured. [Excerpt] [Hanoi QUAN DOIN NHAN DAN in Vietnamese 4 Jan 84 p 3]

CSO: 5400/4379

ZAMBIA

GOVERNMENT TO START EEC FUNDED ANTI-TSETSE FLY CAMPAIGN

Lusaka TIMES OF ZAMBIA in English 27 Jan 84 p 1

[Excerpt] Government has drawn up plans to launch an intensified fight to eliminate tsetse flies in Zambia at a cost of more than K56 million, Minister of Agriculture and Water Development General Kingsley Chinkuli said in Parliament yesterday.

The programme would be funded by the European Economic Community to fight the insect which has caused concern to both the leadership and the ordinary people, he said.

General Chinkuli told Parliament that the fight against the dreaded tsetse fly would be implemented in two stages. The K56 million from the EEC would be spent on the Zambia-Zimbabwe-Mozambique zone aerial spraying chemicals to contain its spreading and breeding.

The minister said this when answering a question from Lubansenshi Member of Parliament, Mr Albert Chibulamano on what measure the department of veterinary and tsetse control services was taking to wipe out tsetse fly in Tsango area in Luwingu.

Gen Chinkuli said a tsetse eradication programme had been worked out for the Western Province and this would be carried out with help from the Norwegian government.

But this project would only be implemented after consultations with the Ministry of Defence and his ministry. General Chinkuli did not indicate when this would be.

He acknowledged that there was a serious tsetse fly problem in Zambia and it was imperative that everything should be done to contain the situation before it went out of control.

Referring to Mr Chibulamano's question Minister of State Mr Daniel Munkombwe said although it had been a long term policy of the Party and its Government to wipe out tsetse fly in all areas of Zambia it was not possible to do so because of lack of funds.

Mr Munkombwe said as there was no major livestock industry in the Tsango area the priority in tsetse fly control would be in those parts of Zambia in which the lives of large scale livestock were threatened.

There were 19 tsetse areas in Zambia which had been identified by experts in the ministry and resources would be concentrated there.

CSO: 5400/75

CEREBRAL MALARIA INCIDENCE, DEATHS IN MWENZO MISSION, NAKONDE

Lusaka TIMES OF ZAMBIA in English 30 Jan 84 p 5

[Excerpt]

CELEBRAL malaria has broken out in Isoka district in Northern Province, killing six people at Mwenzo mission and Nakonde in two weeks.

Four Nakonde residents have died believed to be victims of the killer disease. while two other people were still undergoing treatment. One patient had been treated and discharged.

Isoka district medical officer-in-charge Dr Ramesh Patel confirmed in a telephone interview from Lusaka that there was an epidemic in the district. "A total of six people have died, four of them at Nakonde and two at Mwenzo."

The situation was under investigation as more people could be dying in the villages. Asked whether the district had sufficient drugs to combat the disease, Dr Haque said choroquine was available.

Dr Patel said Isoka district medical officer Dr Mozammel Haque had gone to Nakonde to assess. It was expected that once the investigations were completed, some isolated cases in the villages might raise the death toll.

When contacted, Dr Haque said cerebral malaria at Nakonde and Mwenzo areas broke out two weeks ago.

Three people had died at Nakonde rural health centre. According to unofficial reports, about eight adults have died while the number of children could even be higher.

CSO: 5400/75

ZAMBIA

BRIEFS

CELEBRAL MALARIA UNDER CONTROL--CELEBRAL malaria which broke out in Isoka district two weeks ago killing six people has been brought under control, provincial medical officer Dr George Kabwe has said. Dr Kabwe said there had been no fresh deaths since the six people died at Mwenzo and Nakonde last week. "I've just been in the area for the past two days and I have not found any cases. [Text] [Lusaka SUNDAY TIMES in English 5 Feb 84 p 1]

CSO: 5400/84

PHYSICIAN REPORTS ON COMMUNICABLE DISEASES INCIDENCE IN BULAWAYO

Bulawayo THE CHRONICLE in English 2 Feb 84 p 3

[Text] There were 179 deaths caused by communicable diseases in Bulawayo in 1982/83, the main killers being measles and TB, the City Medical officer of Health, Dr Barnet Nyathi, said in his annual report for the year.

A total of 3 022 cases of notifiable diseases were recorded, including measles which was not notifiable but continued to be a major cause of sickness and death.

Other diseases included TB (pulmonary and non-pulmonary), anthrax, typhoid, leprosy, malaria, viral hepatitis, polio, diphtheria and rabies.

The incidence of 513 cases of TB was an estimate based on notifications received but the true incidence of the disease was not known, neither for Bulawayo nor for the rest of the country. It was hoped there would be an exercise to find out its true extent this year, Dr Nyathi said.

There were four aspects of the TB control programme. BCG vaccinations were given to children at birth, at five years old and at 15 years old and a total of 32 047 were vaccinated during the year, Dr Nyathi said.

Co-operation

The other three aspects were public co-operation in reporting of TB cases, in completing treatment and reporting relapses, readiness of health personnel to check out possible TB cases and intensive tracing of contacts of infectious TB patients.

A total of 9 454 people were X-rayed, including 1 286 job seekers. Of these, 300 were found to have TB, Dr Nyathi said.

Most of the cases diagnosed were of people referred from municipal clinics, factory clinics by employers or self referred.

Contracted

There was an average of 25 patients per month receiving treatment and the average length of stay was just over 30 days. This short period of treatment not only saved money but encouraged people with TB symptoms to come forward for treatment, Dr Nyathi said.

The anthrax epidemic in rural areas appeared to be responding to controls and the 46 cases notified all contracted the diseases outside the city. One death was recorded.

There was one case of diphtheria, contracted outside the city, and 19 cases of typhoid but no deaths. Five cases of leprosy, all from outside Bulawayo, were reported. One polio case was also reported.

There were 92 cases of malaria, all but six from outside the city, resulting in two deaths. It had been assumed the six local cases contracted their malaria from mosquitoes transported into Bulawayo by cars or buses coming from malaria areas, as no evidence of the mosquito species was found in Bulawayo, Dr Nyathi said.

The continuing severe drought had contributed to the drop in cases.

The expected decline in measles cases came to a sharp end with the outbreak which began in February last year and became a full-blown epidemic. First to be affected were unvaccinated rural children but later urban children, including some vaccinated, also succumbed, Dr Nyathi said.

Epidemic

The nationwide epidemic which affected so many vaccinated children raised doubts in the minds of health workers and parents as to the efficacy of the vaccine. However, there was no statistical evidence to suggest it was other than the expected failure rate for children vaccinated under one year old, Dr Nyathi said.

Altogether, there were 2 283 measles cases reported in Bulawayo and 58 deaths. By comparison, in the last epidemic of 1979/80 there were 10 007 cases and 400 deaths, Dr Nyathi said.

There were two deaths from rabies, both victims having caught the disease outside Bulawayo.

CSO: 5400/85

ZIMBABWE

BRIEFS

NATIONAL LEPROSY INCIDENCE--In the fight against leprosy, every health worker should be aware of the disease and should ensure that patients receive proper treatment and care within Zimbabwe's integrated health service, a Government Minister said yesterday. In a message to mark the 31st World Leprosy Day yesterday, the Minister of Health, Dr Sydney Sekeramayi said there were about 10 000 leprosy sufferers in the country. They were being cared for by the National Leprosy Control Unit which recently launched a programme to eradicate leprosy and diminish human suffering by early diagnosis and cure. [Text] [Bulawayo THE CHRONICLE in English 30 Jan 84 p 1]

MATABELELAND MEASLES, MALARIA STATISTICS--Bulawayo--Matabeleland last year suffered its most serious outbreaks of malnutrition, measles and malaria. Malnutrition affected 28 000 children and measles claimed 319 deaths for the first 11 months of the year. In an interview last week, the Provincial Medical Officer of Health, Dr Alan Pugh, attributed the increased number of malnutrition cases to the drought, shortages of food and general poverty. He said there had been a widespread outbreak of measles in 1983 which had now abated because children were now attending baby clinics. But the annual malaria season was approaching and people ought to take precautions. "The most common diseases in the province were diarrhoea (70 862 cases), sexually transmitted diseases (40 466 cases), malaria (26 387 cases), and measles (12 243)." The incidence of STD cases in the province remained about the same level compared with 1982. With malaria 1983 saw an increase of 10 905 cases. Measles showed an unprecedented increase from 1 458 cases in 1982. [Excerpt] [Harare THE SUNDAY MAIL in English 5 Feb 84 p 7]

CSO: 5400/85

INDIA

BRIEFS

RHINO RABIES CASE--RABIES KILLED RHINO: The death of an eight-year-old female rhino, Mainawati, at the Lucknow zoo in December is found to be caused by rabies, reports our Lucknow staff correspondent. This has caused panic among the zoo staff who are being given anti-rabies treatment. Doctors of a local hospital are camping in the zoo. The acute shortage of anti-rabies vaccines in the state has made the situation worse. Unhygienic conditions in the zoo and the negligence of the authorities had caused the death of this precious animal whose horn alone sells at Rs. 60,000 in the international market. The zoo authorities had maintained that the death was caused by snake bite, but experts of the Indian Veterinary Research Institute, Izzatnagar, have confirmed it to be a case of rabies. [Text] [Bombay THE TIMES OF INDIA in English 21 Jan 84 p 15]

CSO: 5400/7080

LAOS

BRIEFS

CHAMPASSAK VETERINARY WORK (K.P.L.)--In 1983 the Champassak district and provincial animal husbandry and veterinary service attentively took care of the animals of the people of ethnic groups within their own districts. During this period they injected medicines for pasteurellosis prevention in 6,660 animals including 3,850 buffalo and over 2,600 cattle and 200 pigs, and injected medicine for hoof and mouth disease prevention in over 1,800 animals including 830 buffalo and over 1,000 oxen, and they treated and cured over 200 animals.
/Text/ /Vientiane KHAOSAN PATHET ALO in Lao 21 Dec 83 p A3/ 9884

CSO: 5400/4388

MALAWI

BRIEFS

DOGS INOCULATED--At least 318 dogs were shot dead and 2,346 vaccinated during the latest tie-up order in Blantyre city townships which ended last Friday, an official of the veterinary department told the DAILY TIMES yesterday. The official said Bangwe and Chilobwe topped the list, with 112 and 110 dogs killed respectively. The campaign will now spread to rural areas beginning with Mwanza in the first two weeks of April, then Mulanje and Thyolo. Several cases of people bitten by rabid dogs were recently reported by veterinary officials prompting the campaign.
[Excerpt] [Blantyre DAILY TIMES in English 10 Jan 84 p 3]

CSO: 5400/87

CHALKBROOK DISEASE THREATENS BEE POPULATION

Wellington THE EVENING POST in English 18 Jan 84 p 14

[Text] Whangarei, Today (PA).--A serious bee disease, which threatens the country's bee population, has been discovered at Kerikeri.

A large team of Ministry of Agriculture and Fisheries apiary specialists arrives in Whangarei today to survey the spread of the disease, chalkbrook, and see if it can be eradicated.

MAF senior advisory officer for Northland, Mr Jim Currie, said chalkbrook, a fungus which kills young bees or larvae in spring and early summer, was likely to cut honey production. But there were greater fears for the kiwi-fruit industry.

If the numbers were reduced, more hives would be needed to ensure pollination of the multimillion dollar export fruit.

The overseas experience had shown the disease was unlikely to completely kill off hives, just weaken them.

Mr Currie hopes New Zealand might be able to eradicate the disease because it has only been found in and north of Kerikeri.

However, eradication involves destroying bees and honey and sterilising all hive equipment. The fungi spores can live for 15 years.

There are 1000 commercial hives in Kerikeri, excluding back garden hives.

"If it is too widespread to be cleaned up, then the ministry may decide New Zealand beekeepers will just have to live with it. If it is controllable then we may have a mass sterilisation ahead of us," said Mr Currie.

So Strict

"I think the disease came to New Zealand through someone illegally bringing in beekeeping equipment or honey. When this sort of thing happens you realise why we are so strict about sterilising all beekeeping gear."

CSO: 5400/4371

CATTLE DISEASE IN NEVIS ALSO AFFECTING SHEEP, GOATS

Bridgetown THE NATION in English 25 Jan 84 p 7

[Text]

A LARGE number of farmers in both St. Kitts and Nevis is still badly affected by the disease dermatophilosis. According to Dr. Burnell Nisbett, Government's only veterinarian in St. Kitts, the disease is more prevalent in Nevis, where it was first seen by him in 1977 in Low Ground. The disease was only discovered in St.

Kitts in 1978 in Lodge and Ottleys, two villages in the north of the island.

The disease is affecting mainly cattle but also sheep and goats, and as much as 50 percent of the affected animals die.

Dr. Nisbett said that the appearance of dermatophilosis, coincided with the first sightings of the tropical bont tick, (*amblyomavariegatum*).

At first, bumps appear all over the animal and

the hair is seen standing on end. The skin then breaks into sores and the animal swiftly loses condition.

A strenuous effort is being made to control it, but this is proving very expensive.

An injection for a large animal with the drug, Liquamycin L/A — 200 is costing farmers about EC\$ 30, but Government is subsidising in the area of transportation and other ancillary services.

A grant of \$1 million from the British Development Division has recently been acquired to deal specifically with tick control.

CSO: 5400/7532

VIETNAM

BRIEFS

CHOLERA KILLS HOGS--Regarding livestock breeding and veterinary work, the prolonged intense cold spell has caused the death of more than 7,000 oxen and buffalo in various localities, according to the Statistics General Department. As a result of indiscriminate hog slaughtering during the Tet festival, hog cholera has appeared in many areas, killing more than 10,000 hogs in Ha Nam Ninh Province. [Text] [Hanoi Domestic Service in Vietnamese 1100 GMT 10 Feb 84]

CSO: 5400/4375

ZAMBIA

CORRIDOR DISEASE KILLS CATTLE IN CITOMA, MONZE DISTRICTS

Lusaka TIMES OF ZAMBIA in English 30 Jan 84 p 5

[Excerpt] The corridor disease has broken out in Southern Province killing more than 100 head of cattle in Choma and Monze districts.

Head of the corridor disease control unit of the veterinary department for the area, Dr Setwant Singh confirmed in Monze yesterday that the killer disease had hit the province once again.

"It is true that the disease has broken out again although it is difficult to say exactly how many cattle have died," he said.

Dr Singh said 79 deaths had been reported in Monze while the toll in Chief Mapanza's area had reached 53.

He said his unit had run out of dip chemicals with which to combat the disease.

The unit was supposed to run 30 dip tanks but had been unable to operate these because of lack of chemicals.

Dr Singh hoped that his unit would be provided with the chemicals soon to avert the catastrophe which in 1982 claimed about 6,000 cattle in the area.

He said the situation was "very serious" and now his unit has asked individual farmers to buy their own dip chemicals to spray the cattle.

"Although dip chemicals have become expensive we are telling the farmers to buy their own which they could spray on cattle," he said.

Last year the unit operated 15 dip tanks in Monze, Mazabuka and Choma areas, but now the position had worsened.

Dr Singh said unless something was done the disease would spread into areas that were currently not affected.

CSO: 5400/75

ZAMBIA

BRIEFS

TRYPANOSOMIASIS MEDICINES DONATED--The United Nations Development Programme (UNDP) has provided Zambia with medicines worth about K510,000 to assist in combating trypanosomiasis, a cattle disease caused by the tsetse-fly in all the nine provinces. The UNDP will also provide about K60,000 worth of equipment, syringes and vehicles to fight against the disease. Announcing this in Lusaka yesterday, UNDP resident representative to Zambia Mr Dusan Dragic pointed out that his organisation was making a follow-up to the request by Prime Minister Nalumino Mundia to the Food and Agriculture Organisation (FAO) that Zambia needs cattle vaccines. [Excerpt] [Lusaka DAILY MAIL in English 1 Feb 84 p 5]

CSO: 5400/79

BELIZE

FROGHOPPER DESTROYING CANEFIELDS; GOVERNMENT UNRESPONSIVE

Orange Walk Town PUEBLO in English 8 Oct 83 p 4

[Text] The frog hopper pest has once again invaded canefields in Orange Walk. Today the cane farmers are unable to combat the pest which is ruining their fields as the poor farmers are broke; they have no loan facilities to combat the pest with insecticides.

There is nothing the farmers can do except sit back and watch their fields going to ruins. Hundreds of acres of canefields have been dying; the frog hopper makes them seem as if they were sprayed by the helicopters which have invaded town. [as published]

Canefarmers wrath is increasing against the government which has been unable to produce a simple plan of economic development to help them in their times of needs. [as published] Instead of getting helicopters to spray marijuana plantations which does not stay here, farmers say, the government should get helicopters to wipe out the frog hoppers with Sevin (insecticide) and do it free of cost. The canefields stay here in Belize and if they are ruined, their livelihood and the economy of the country is ruined.

If farmers only had concerned leaders to head their Association in the past years, perhaps today they would have had their own cane loaders, bulldozers, tractors and trailers, gas station, auto parts store, and even a plane and a helicopter to help them. Millions of dollars was collected in cess. [as published] But the Assn is broke.

CSO: 5400/7531

PLANT PARASITE POSES THREAT TO ISLAND'S AGRICULTURE

Hamilton THE ROYAL GAZETTE in English 6 Jan 84 p 3

[Text]

A plant parasite described as a "very serious agricultural pest" has been discovered locally — and could threaten the Island's agriculture.

The parasite, called Dodder, was spotted Wednesday on the property of Devonshire farmer Mr. Joe Pacheco.

"It is potentially a very serious agricultural pest," Director of Agriculture and Fisheries Dr. Walwyn Hughes warned yesterday.

Dodder, also referred to as love vine and strangleweed, can attack a wide range of ornamental and economic plants — including onions, potatoes and grapefruit — and can cause severe crop loss.

Local officials have so far not been able to identify the species of Dodder which has infiltrated part of two fields and a large hedge on Mr. Pacheco's property.

And Dr. Hughes explained that without this information (there are 100 known species of the parasite) it was impossible to say what plants were likely to be affected.

Samples are being sent away for analysis, he added, probably to Kew Gardens in England.

A major worry for Agriculture officials is the possibility that the parasite might be spread to other plants and properties.

The seeds are very small, and have been known to remain dormant in soil for up to five years, and while the Dodder was detected only two days ago, local officials privately admit the property may have been infected for as long as three years.

"It could easily have been spread by movement of soil or equipment from this field," Dr. Hughes conceded yesterday.

Dr. Hughes said his Department would be taking a close look at Mr. Pacheco's other farms in the next few days.

Even worse for local farmers — once the parasite becomes established, drastic measures must be used to get rid of it.

It is usually necessary to burn the infected plants — and sometimes even to burn and fumigate the soil in the infected areas.

But Dr. Hughes stressed that the parasite did not pose any threat to human health.

Dodder was found here once before, in 1974. But the small cluster of plants, on the property of the Sonesta Hotel, was quickly disposed of by the Department of Agriculture.

The slender, leafless, yellowish-orange vine, which belongs to the same family as the morning-glories, twines around its plant victims, attaching itself with suckers.

It feeds off the host plant by penetrating the stem with special "absorbing organs" called "haustoria". The host eventually dies from the parasite's smothering effect.

BRIEFS

WEB-WORM ATTACKS MAIZE--Maize and grass in some parts of Rumphi District, including the boma area, are being destroyed by an outbreak of web-worm, also known as leaf roller. A Ministry of Agriculture official confirmed the outbreak yesterday, but emphasised that web-worm was not as destructive as army worm. People should not panic because of the outbreak, he said. In an effort to curb the spread of the worms, a team from Chitedze Research Station in Lilongwe has gone to the district to see what can be done to eliminate the pests. "The problem is that the worms have also attacked grass, so even if we treat the maize with insecticide, it will still be affected by worms from the grass," the official said. In Machinga district, minor outbreaks of army worm and cutworm earlier this month were immediately checked, an official of the Liwonde Agricultural development division said yesterday. Army worm affected small areas of maize in the Ulongwe area, and cutworm, usually a tobacco pest, affected young maize in the Kawinga agricultural project area.--Mana [Text] [Blantyre DAILY TIMES in English 11 Jan 84 p 3]

CSO: 5400/87

PADI DISEASE SPREADS TO KELANTAN

Kuala Lumpur BUSINESS TIMES in English 18 Jan 84 p 24

[Article by Soh Eng Lim]

[Text]

THE dreaded *penyakit merah virus* (PMV) disease, which caused padi farmers in the northern peninsula states to incur losses amounting to more than \$50 million over the past three years, has now spread to Kelantan.

Reporting this at the Integrated Pest Management seminar yesterday, rice branch officials of the Malaysian Agricultural Research and Development Authority (Mardi) said relevant tests confirmed the outbreak of PMV, or tungro, within a 40-hectare (100-acre) tract of padi land near Pasir Mas two months ago.

The speakers (Mr Chang Poon Min and four other Mardi regional officers) stressed that much of the epidemic nature and treatment for the disease is already known from past and continuing research carried out in Malaysia and elsewhere.

Explaining that the integrated "control strategy" which has been worked out for the disease was theoretically sound, Mr Chang warned that constraints at farm level might prevent timely and effective use of counter measures.

Echoing a similar call made by the Agriculture Minister on Monday, Mr

Chang said that padi farmers within as well as outside the affected areas must be taught to take direct action in the actual ground control of the disease at all times.

In their combined paper on the problem and strategy for controlling PMV in Malaysia, Mr Chang and his colleagues argued that the disease posed a deadly threat to padi in Malaysia today.

Before 1970, the disease posed a serious problem only to padi growers in the Krian district of Perak.

After a lull of 10 years, PMV re-surfaced on the Malaysian scene to spread into Penang, Selangor, Kedah, Perlis and now Kelantan.

"In 1981, a total of 13,034 hectares (nearly 32,000 acres) of padi land (in several states) were infected with PMV, resulting in an estimated yield loss of 21,000 tonnes worth \$13 million," Mr Chang said.

In 1982, affected areas rose to 17,628 hectares, with losses rising correspondingly to 33,800 tonnes valued at \$21.55 million.

"Losses for 1983 are expected to be at least as severe as those of 1982," Mr Chang said.

Mr Chang is attached to the Kubang Keranji station of Mardi in Kelantan while his colleagues

(Habibuddin Hashim, Othman Omar, Saad Abdullah and Supaad Mohd. Amin) operate from the Mardi stations at Bumbong Lima (Penang) and Alor Setar.

In his closing remarks at the seminar, Mardi director general Dr Haji Mohd. Yusof Hashim argued that the correct use of pesticide application technology (PAT) in integrated pest management programmes offered ample scope for advanced research and development work on pest control strategies.

In this connection, he welcomed the recent formation of a protem national committee on PAT "to formulate and coordinate research and implement PAT programmes in Malaysia."

He stressed that, in the past, wrong pesticide application techniques often led to poor pest control, excessive pesticide application and even use of "cocktails" to enhance the effectiveness of control programmes, "leading to unnecessary contamination of food crops."

The seminar on integrated pest management was the first of its kind to be held at national level in Malaysia.

It was jointly organised by the Malaysian Plant Protection Society and Mardi.

GRAPE APHID DISCOVERY GREETED WITH EQUANIMITY

Auckland THE NEW ZEALAND HERALD in English 11 Jan 84 p 5

[Article by agricultural correspondent]

[Text]

Companies growing grapes and making wine in Marlborough are not panicking over the discovery of the phylloxera aphid in the vineyard of a contract grape grower near Blenheim.

Representatives of the companies — Montana, Penfolds and Corbans — said yesterday that with the disease present in New Zealand for nearly a century and widespread in the Gisborne grape-growing area it had been a case of "when," not "if" as far as Marlborough was concerned.

Even if the disease gained a hold in Marlborough, they said, it would not necessarily mean a rapid deterioration in company grape yields or quality.

A horticultural adviser of the Ministry of Agriculture and Fisheries in Blenheim, Mr John Ballinger, confirmed yesterday that phylloxera, which lives in the soil and feeds on the roots of vines, had so far been found on only one property — a vineyard growing grapes for Penfolds.

Grafted Stock

But he said other properties were being checked and all plantings were suspect.

Growers had been advised for years, said Mr Ballinger, that the only way to contain phylloxera was to plant grafted, disease-resistant root stock. On that they had made their own decision.

It is understood that nearly all the grapes grown in Marlborough are from ungrafted stock, which is about a tenth the cost of grafted stock.

Despite that, the vineyards there had been thought to be free of the disease until now.

Marlborough is the site of the biggest single vineyard in New Zealand, the 445-hectare property of Montana Wines Ltd, which began planting there in the

early 1970s and produces about 99 per cent of its own grapes.

Expectations

The region has more than 50 contract grape growers and from them Penfolds obtains its entire supply. Corbans has some of its own grapes and gets the rest on contract.

The Montana managing director, Mr W. J. Thompson, said in Auckland yesterday that in the expectation that phylloxera might be found in Marlborough at any time the company had long had a contingency plan to replant its grape areas progressively with grafted stock from its propagating unit near Gisborne.

Interplanting with grafted stock would probably begin in the winter of 1985, he said, the most

being gained from existing vines in the meantime.

Wet Zone

Mr Thompson said all the Montana vines in Marlborough were on sandy soil and were being irrigated.

The experience in California under similar conditions was that vines would produce well even where phylloxera was present. A wet zone was created under the plant and the aphid did not like water.

Mr Ballinger said most grape growers supplying wine companies had contracts for 10 to 15 years with the right to replant their vines but many could find it expensive to replant in grafted stock.

This, he said, might result in some blocks of vines being dropped and that could in turn ease the present surplus of New Zealand grape production.

MEASURES TAKEN TO STOP SPREAD OF INSECT DAMAGE TO CASSAVA PLANT

Lusaka TIMES OF ZAMBIA in English 12 Jan 84 p 5

[Text]

FARMERS in Chililabombwe and Chingola have been ordered not to move cassava plants to other towns on the Copperbelt to control the spread of pests which have destroyed hectares of the crop in the two districts.

Acting Copperbelt Province agricultural officer Mr Bright Silutongwe said in Ndola yesterday the restriction had been necessitated by the fact that most farmers were subsistent and did not have money to spray the affected areas with insecticides.

The pests had destroyed more than ten hectares in Chililabombwe and had affected some parts of Chingola too. His office had to work out quick measures to ensure the disease caused by mealie bugs and scaled insects did not spread to other towns on the Copperbelt.

Several fields in Chitubula, Kanenga, Milyashi and Chi-

mfunshi in Chililabombwe have been destroyed by the swarm of insects leaving the cassava plants bare.

"The situation there is quite serious as cassava is the main crop. Some of the fields have been completely wiped out and the tubers can't grow because there are no leaves left," he said.

Mr Silutongwe said this was the first time the problem was encountered and added that special studies into the matter were being made in Mufulira.

Farmers in the affected areas were experiencing losses because of the disease.

They were advised to make use of the available maladrex and ripchord sprays against the pests.

Mr Silutongwe said he feared the disease would spread and added that the only way to control it was to impose restrictions.